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MAY 20 2004**OFFICIAL****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Kerry S. Lane

Serial No. 10/693,937

Filed: Oct. 28, 2003

For: Method and System for
Assay and Removal of Harmful
Toxins During Processing of
Tobacco Products

Examiner: Dionne Walls

Art Unit: 1731

Attorney's Docket No.: 10.092.005

PRELIMINARY AMENDMENTCommissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

Prior to an Action on the merits of this application, kindly amend the application
as follows:

Amendments to the Claims are located in the listing of claims which begins on page 2.

Remarks begin on page 4.

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K G L and R

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Approved for use through 07/31/2006. OMB 0851-0031

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/698,937	
	Filing Date	Oct. 28, 2003	
	First Named Inventor	Lane	
	Art Unit	1731	
	Examiner Name	Dionne Walls	
Total Number of Pages in This Submission	7	Attorney Docket Number	10.092.005

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Kile Goekjian Reed & McManus	
Signature	<i>Scott W. Aboulte</i>	
Date	May 19, 2004	

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